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**UTILITY**  
**PATENT APPLICATION**  
**TRANSMITTAL**  
(Only for new nonprovisional applications under 37 CFR 1.53(b))

|   |                               |                          |           |
|---|-------------------------------|--------------------------|-----------|
| <b>Attorney Docket No.</b>                            | <b>COMP-0240<br/>P01-3649</b> | <b>Total Pages</b>       | <b>45</b> |
| <b>First Named Inventor or Application Identifier</b> |                               |                          |           |
| <b>Express Mail Label No.</b>                         | <b>Philip M. Jones et al.</b> | <b>EL 827 072 484 US</b> |           |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |  | <b>Assistant Commissioner for Patents</b>   |  |
|  |  | <b>ADDRESS TO:</b><br>Box Patent Application<br>Washington, DC 20231  |  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification <b>Total Pages 26</b><br/><i>(preferred arrangement set forth below)</i><br/>-Descriptive<br/>-Cross References to Related Application<br/>-Statement Regarding Fed Sponsored R &amp; D<br/>-Reference to Microfiche Appendix<br/>-Background of the Invention<br/>-Brief Summary of the Invention<br/>-Brief Description of the Drawings <i>(If filed)</i><br/>-Detailed Description<br/>-Claim(s)<br/>-Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) <b>(35 USC 113)</b> <b>Total Sheets 3</b><br/><b>Total Pages 9</b></p> <p>4. Oath or Declaration<br/>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 17 completed)</i><br/><i>[Note Box 5 below]</i><br/>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i><br/>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> |  | <p>6. <input type="checkbox"/> Microfiche Computer Program <b>(Appendix)</b></p> <p>7. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Copy<br/>b. <input type="checkbox"/> Paper Copy <i>(identical to computer copy)</i><br/>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |   |  |
| <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(where there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) <input type="checkbox"/> Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other PTO-2038 (Credit card Payment Form)</p>   |  |   |  |
| <p>17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /</p> <p style="text-align: center;"><b>18. CORRESPONDENCE ADDRESS</b></p> <p><input type="checkbox"/> <b>Customer Number or Bar Code Label</b> <input checked="" type="checkbox"/> <b>Correspondence address below</b></p> <p style="text-align: center;"><i>(Insert Customer No. or Attach bar code label here)</i></p>  |  |   |  |

|                |  |                  |                |                 |                |
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|                |  |                  |                | <b>Fax</b>      | (281) 970-4503 |

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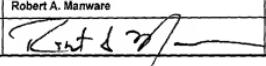


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## FEE TRANSMITTAL

|                                     |  |   |                         |
|-------------------------------------|--|---|-------------------------|
| <b>FEE TRANSMITTAL</b>              |  | <i>Complete if Known</i>                        |                         |
|                                     |  | Application Number                              | Unassigned              |
|                                     |  | Filing Date                                     | Herewith                |
|                                     |  | First Named Inventor                            | Phillip M. Jones et al. |
|                                     |  | Group Art Unit                                  | Unassigned              |
|                                     |  | Examiner Name                                   | Unassigned              |
| TOTAL AMOUNT OF PAYMENT (\$ 848.00) |  | Attorney Docket Number COMP-0240/FLE (P01-3649) |                         |

| METHOD OF PAYMENT (check one)  |                      |                            |  | FEE CALCULATION (continued)  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
|--|----------------------|----------------------------|--|--|--|--|--|----------------------------|----------------------|----------------------------|-----------------|----------|-----|-----|-----|-------------------------------------|-------|-----|----|-----|--|-------|-----|-----|-----|---------------------------|-------|-----|-------|-----|---|-------|-----|------------------|-----|--|-------|-----|--------------------|-----|---|-------|-----|-----|-----|---|-------|-----|-----|-----|---|-------|-----|-----|-----|--|-------|-----|-------|-----|---|-------|-----|-----|-----|-------------------------|-------|-----|-----|-----|---|-------|-----|-----|-----|---------------------------------|-------|-----|-------|-----|--|-------|-----|-----|-----|--|-------|-----|-------|-----|---|-------|-----|-------|-----|---------------------------------------|-------|-----|-----|-----|-------------------------|-------|-----|-----|-----|------------------------|-------|-----|-----|-----|--------------------------------------|-------|-----|----|-----|---|-------|-----|-----|-----|--|-------|--|--|--|--|-------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|------------------------------------|--|--|--|--|--|--|--|
| <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><b>Deposit Account Number</b> 06-1315/COMP-0240/FLE<br><b>Deposit Account Name</b> Fletcher, Yoder & Van Someren<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b) |                      |                            |  | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>Surcharge - late filing fee or oath</td><td>_____</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>Surcharge - late provisional filing or cover sheet</td><td>_____</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>Non-English specification</td><td>_____</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520<br/>For filing a request for reexamination</td><td>_____</td></tr> <tr><td>112</td><td>920<sup>*</sup></td><td>112</td><td>920<sup>*</sup><br/>Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr> <tr><td>113</td><td>1,840<sup>*</sup></td><td>113</td><td>1,840<sup>*</sup><br/>Requesting publication of SIR after Examiner action</td><td>_____</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>Extension for response within first month</td><td>_____</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200<br/>Extension for response within second month</td><td>_____</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475<br/>Extension for response within third month</td><td>_____</td></tr> <tr><td>118</td><td>1,570</td><td>218</td><td>755<br/>Extension for response within fourth month</td><td>_____</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155<br/>Notice of Appeal</td><td>_____</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155<br/>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135<br/>Request for oral hearing</td><td>_____</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510<br/>Petition to institute a public use proceeding</td><td>_____</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55<br/>Petition to revive unavoidably abandoned application</td><td>_____</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660<br/>Petition to revive unintentionally abandoned application</td><td>_____</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660<br/>Utility issue fee (or reissue)</td><td>_____</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225<br/>Design issue fee</td><td>_____</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335<br/>Plant issue fee</td><td>_____</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130<br/>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50<br/>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240<br/>Submission of Information Disclosure Stmt</td><td>_____</td></tr> <tr><td colspan="4">Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr> <td colspan="4">                     Large Entity Fee Code (\$)<br/>                     103 18 203 9<br/>                     102 80 202 40<br/>                     104 270 204 135<br/>                     109 80 209 40<br/>                     110 18 210 9<br/> <b>SUBTOTAL (1)</b> (\$ 710.00)                 </td> <td colspan="4"> <b>Fee Description</b><br/>                     Claims in excess of 20<br/>                     Independent claims in excess of 3<br/>                     Multiple dependent claim<br/>                     Reissue independent claims over original patent<br/>                     Reissue claims in excess of 20 and over original patent                 </td> </tr> <tr> <td colspan="4"> <b>2. CLAIMS</b><br/>                     Total Claims 21 - 20 = 1 X 18 = 18.00<br/>                     Independent 4 - 3 = 1 X 80 = 80.00<br/>                     Claims<br/>                     Multiple Dependent Claims X = —                 </td> <td colspan="4"> <b>Fee from below</b><br/> <b>Fee Paid</b><br/>                     Extra<br/>                     144 670 244 335<br/>                     122 130 122 130<br/>                     123 50 123 50<br/>                     126 240 126 240<br/> <b>SUBTOTAL (2)</b> (\$ 88.00)                 </td> </tr> <tr> <td colspan="8" style="text-align: center;">* Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> |  |  |  | Large Entity Fee Code (\$) | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | Surcharge - late filing fee or oath | _____ | 127 | 50 | 227 | Surcharge - late provisional filing or cover sheet | _____ | 139 | 130 | 139 | Non-English specification | _____ | 147 | 2,520 | 147 | 2,520<br>For filing a request for reexamination | _____ | 112 | 920 <sup>*</sup> | 112 | 920 <sup>*</sup><br>Requesting publication of SIR prior to Examiner action | _____ | 113 | 1,840 <sup>*</sup> | 113 | 1,840 <sup>*</sup><br>Requesting publication of SIR after Examiner action | _____ | 115 | 110 | 215 | Extension for response within first month | _____ | 116 | 400 | 216 | 200<br>Extension for response within second month | _____ | 117 | 950 | 217 | 475<br>Extension for response within third month | _____ | 118 | 1,570 | 218 | 755<br>Extension for response within fourth month | _____ | 119 | 310 | 219 | 155<br>Notice of Appeal | _____ | 120 | 310 | 220 | 155<br>Filing a brief in support of an appeal | _____ | 121 | 270 | 221 | 135<br>Request for oral hearing | _____ | 138 | 1,510 | 138 | 1,510<br>Petition to institute a public use proceeding | _____ | 140 | 110 | 240 | 55<br>Petition to revive unavoidably abandoned application | _____ | 141 | 1,320 | 241 | 660<br>Petition to revive unintentionally abandoned application | _____ | 142 | 1,320 | 242 | 660<br>Utility issue fee (or reissue) | _____ | 143 | 450 | 243 | 225<br>Design issue fee | _____ | 144 | 670 | 244 | 335<br>Plant issue fee | _____ | 122 | 130 | 122 | 130<br>Petitions to the Commissioner | _____ | 123 | 50 | 123 | 50<br>Petitions related to provisional applications | _____ | 126 | 240 | 126 | 240<br>Submission of Information Disclosure Stmt | _____ | Recording each patent assignment per property (times number of properties) |  |  |  | 40.00 | Large Entity Fee Code (\$)<br>103 18 203 9<br>102 80 202 40<br>104 270 204 135<br>109 80 209 40<br>110 18 210 9<br><b>SUBTOTAL (1)</b> (\$ 710.00) |  |  |  | <b>Fee Description</b><br>Claims in excess of 20<br>Independent claims in excess of 3<br>Multiple dependent claim<br>Reissue independent claims over original patent<br>Reissue claims in excess of 20 and over original patent |  |  |  | <b>2. CLAIMS</b><br>Total Claims 21 - 20 = 1 X 18 = 18.00<br>Independent 4 - 3 = 1 X 80 = 80.00<br>Claims<br>Multiple Dependent Claims X = — |  |  |  | <b>Fee from below</b><br><b>Fee Paid</b><br>Extra<br>144 670 244 335<br>122 130 122 130<br>123 50 123 50<br>126 240 126 240<br><b>SUBTOTAL (2)</b> (\$ 88.00) |  |  |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)   | Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  | Fee Paid   |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 105  | 130                  | 205                        | Surcharge - late filing fee or oath  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 127  | 50                   | 227                        | Surcharge - late provisional filing or cover sheet                         | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 139  | 130                  | 139                        | Non-English specification  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 147  | 2,520                | 147                        | 2,520<br>For filing a request for reexamination                            | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 112  | 920 <sup>*</sup>     | 112                        | 920 <sup>*</sup><br>Requesting publication of SIR prior to Examiner action | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 113  | 1,840 <sup>*</sup>   | 113                        | 1,840 <sup>*</sup><br>Requesting publication of SIR after Examiner action  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 115  | 110                  | 215                        | Extension for response within first month                                  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 116  | 400                  | 216                        | 200<br>Extension for response within second month                          | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 117  | 950                  | 217                        | 475<br>Extension for response within third month                           | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 118  | 1,570                | 218                        | 755<br>Extension for response within fourth month                          | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 119  | 310                  | 219                        | 155<br>Notice of Appeal  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 120  | 310                  | 220                        | 155<br>Filing a brief in support of an appeal                              | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 121  | 270                  | 221                        | 135<br>Request for oral hearing  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 138  | 1,510                | 138                        | 1,510<br>Petition to institute a public use proceeding                     | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 140  | 110                  | 240                        | 55<br>Petition to revive unavoidably abandoned application                 | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 141  | 1,320                | 241                        | 660<br>Petition to revive unintentionally abandoned application            | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 142  | 1,320                | 242                        | 660<br>Utility issue fee (or reissue)                                      | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 143  | 450                  | 243                        | 225<br>Design issue fee  | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 144  | 670                  | 244                        | 335<br>Plant issue fee   | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 122  | 130                  | 122                        | 130<br>Petitions to the Commissioner                                       | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 123  | 50                   | 123                        | 50<br>Petitions related to provisional applications                        | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| 126  | 240                  | 126                        | 240<br>Submission of Information Disclosure Stmt                           | _____  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| Recording each patent assignment per property (times number of properties)   |                      |                            |  | 40.00  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)<br>103 18 203 9<br>102 80 202 40<br>104 270 204 135<br>109 80 209 40<br>110 18 210 9<br><b>SUBTOTAL (1)</b> (\$ 710.00)   |                      |                            |  | <b>Fee Description</b><br>Claims in excess of 20<br>Independent claims in excess of 3<br>Multiple dependent claim<br>Reissue independent claims over original patent<br>Reissue claims in excess of 20 and over original patent  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| <b>2. CLAIMS</b><br>Total Claims 21 - 20 = 1 X 18 = 18.00<br>Independent 4 - 3 = 1 X 80 = 80.00<br>Claims<br>Multiple Dependent Claims X = —   |                      |                            |  | <b>Fee from below</b><br><b>Fee Paid</b><br>Extra<br>144 670 244 335<br>122 130 122 130<br>123 50 123 50<br>126 240 126 240<br><b>SUBTOTAL (2)</b> (\$ 88.00)  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |
| * Reduced by Basic Filing Fee Paid   |                      |                            |  |  |  |  |  |                            |                      |                            |                 |          |     |     |     |                                     |       |     |    |     |  |       |     |     |     |                           |       |     |       |     |   |       |     |                  |     |  |       |     |                    |     |   |       |     |     |     |   |       |     |     |     |   |       |     |     |     |  |       |     |       |     |   |       |     |     |     |                         |       |     |     |     |   |       |     |     |     |                                 |       |     |       |     |  |       |     |     |     |  |       |     |       |     |   |       |     |       |     |                                       |       |     |     |     |                         |       |     |     |     |                        |       |     |     |     |                                      |       |     |    |     |   |       |     |     |     |  |       |  |  |  |  |       |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |                                    |  |  |  |  |  |  |  |

|                       |   |                          |                       |                                    |
|-----------------------|---|--------------------------|-----------------------|------------------------------------|
| SUBMITTED BY          |   | Complete (if applicable) |                       |                                    |
| Typed or Printed Name | Robert A. Manware   | Reg. Number              | 46,758                |                                    |
| Signature             |  |                          | Date                  | 09/28/01                           |
|                       |   |                          | Deposit Acct. User ID | 06-1315 - COMP-0240/FLE (P01-3649) |